LOYOLA UNIVERSITY NEW ORLEANS

OFFICE OF SERVICE LEARNING **SERVICE LEARNING TIMESHEET**

STUDENT NAME

SERVICE LEARNING AGENCY

DATE	FROM (time)	TO (time)	TIME SPENT	SIGNATURE/INITIAL FROM AGENCY SUPERVISOR

TOTAL HOURS FOR THIS TIMESHEET _____

I certify that this is an accurate record of my service. I realize that this timesheet is subject to regulations about academic honesty and integrity, and I understand that falsifying this timesheet is a form of cheating.

Signature